Western Faculty Profile: Dr. Shannon L. Sibbald

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No conflicts of interest declared

How can knowledge be synthesized, disseminated, exchanged and applied in an ethically-sound manner to improve the Canadian healthcare system? To answer this question, we need to look towards the fields of knowledge translation & health system integration. These newly developing discipline are constantly evolving and transforming the modern healthcare landscape, spanning from individualized genomic medicine to complex, population based care planning. Dr. Shannon Sibbald, an assistant professor in the Faculty of Health Sciences and Schulich's Department of Family Medicine, has been drawn to the complexity of health system research for nearly two decades. In the current Faculty Profile, she not only shares her insight about her research but also gives valuable advice for aspiring young researchers.

As a part of the second graduating class of Western's Faculty of Health Sciences Bachelor of Health Sciences program, Dr. Sibbald firmly upholds that her career has been influenced by and is linked with her alma mater. It was during her undergraduate degree at Western that she developed her interest in health systems. "I came here and loved it. My professors were phenomenal and I had the great pleasure of working with some amazing mentors," said Dr. Sibbald, "they were just brilliant minds and really got me to think in different ways." Since its inception, Western's Health Science program has embodied a "very holistic conception of health", and this philosophy is reflected in its curriculum; courses like healthcare law and bioethics are offered alongside with the natural sciences. "It really gave me a sense that there's so much more to health than being a doctor. A lot of my students now, and even myself included, started with the goal of 'I'm going to be a doctor', and this degree really helped me to see there's more to medicine and to the healthcare system than being a doctor." Dr. Sibbald also developed a keen interest in research when working under Professor Louis Charland, who is now a colleague.

After obtaining her Bachelor of Health Science from Western, Dr. Sibbald went on to do a Masters and then a PhD at the University of Toronto, focusing on health policy, management and evaluation. "I was very interested in the idea of fairness, social justice and equity in health," said Dr. Sibbald, "I took a health system lens and started looking at decision-making, priority setting and resource allocation in healthcare organizations, [focusing] mainly on hospitals." Ten years later, these topics are familiar to any MBA student majoring in health sector management. Dr. Sibbald came back to Western in 2009 as a post-doctoral fellow with Dr. Anita Kothari of the Faculty of Health Sciences and Dr. Nadine Wathen of the Faculty of Information and Media Studies. "By the time I'd completed my post-doc", recalls Dr. Sibbald, "I really felt I'd like to become this independent health system researcher. I had an intimate awareness across the health system, and I was really poised to jump into that work." So she did. Now, as the co-director of the Laboratory for Knowledge Transition in Health, she is studying chronic disease management in an interdisciplinary team-based fashion.

Conducting novel research wasn't without challenges along the way. "[My research] was definitely a grey zone because I didn't have that security of the bench-sciences, my research didn't neatly fit into the paradigm of: here's the hypothesis and here's how we test the hypothesis," Dr. Sibbald further explains, "I am a qualitative researcher, who uses mixed methods [interviews, focus groups and documents analysis] techniques that, when I was doing most of my graduate studies ten years ago, weren't as accepted as they are today. I have always been drawn to, and thrived in an environment of uncertainty and change."

During her interview, Dr. Sibbald provided an explanation for why knowledge transition is so important: it turns knowledge (lessons learned) into action and ideally improves care as a result. For example, currently she is researching why a chronic disease management (CDM) team is successful, she is aiming to identify key parameters and indicators unique to high-performing teams, and these "lessons" can then be communicated across the CDM community, not simply kept within academia. As a result, Dr. Sibbald's work will support the development and

sustainability of other teams across the province. “We need to work with providers to understand what is going on, what are the current gaps, so that we can improve future care,” Dr. Sibbald emphasized, “we all want to improve the health and quality of life of our patients, but where I see my role is more helping the providers to do that effectively. I often ask, how can we improve patient outcomes through health system approaches?”

Dr. Sibbald’s research style reflects an “integrated knowledge translation paradigm”, a concept strongly impacted by the reception of her PhD dissertation. In her doctoral thesis, she proposed a “conceptual framework and an evaluation tool for successful priority setting” in response to the fact that “decision makers [in healthcare systems] struggle to set priorities appropriately, particularly because they lack consensus about which values should guide their decisions”. Academically speaking, Dr. Sibbald’s doctoral research was a success, with many papers being popularly-cited after publication. But practically-speaking, “I’m not convinced [the result of my thesis are] used anywhere,” reflected Sibbald, “I know a health authority in Nova Scotia used it at one point, and there was another region in Northern Ontario that cited it as a useful tool, but that’s it. Practically-speaking, that was eye-opening for me: why is all this work not get picked up at a policy level? That really introduced me to the area of knowledge translation and influenced where I am today. You can come up with the best idea, but if you don’t have any way to communicate it, to help people implement it, to think about the sustainability, forget it, it’s not going to happen.” Today, working alongside frontline providers, Dr. Sibbald hopes that her research is much more relevant and readily-utilizable. “Working with the providers is key,” said Dr. Sibbald, “I develop my research questions with my providers, do the research with the providers, do the analysis with the providers, and so the outcomes of my research are more likely to be impactful, and in turn, improve patient outcomes.”

Research funding over the past decade has been steadily declining. For young investigators who are seeking out grant funding, Dr. Sibbald has some suggestions. “One of the areas where I have found more success is looking to smaller, more niche funding opportunities.” She further explains, “my population of interest is populations with COPD [chronic obstructive pulmonary disease], so I am currently applying for funding in the Ontario Lung Association. Again, still a provincial granting agency but much smaller target population. CIHR and the rest of the tri-council, they’re tough to crack, and getting success there starts with getting success in smaller areas. Internal funding is another example, so you can look to get funding from your department or university.”

Additionally, there are certain skills that are particularly beneficial to acquire for young investigators; those that are transferable to other fields and to industry are key to providing a variety of career options. “Because I’m interested in working with providers, I work hard to develop valuable relationships [when I am working with them]. I think that is the transferable skill – building relationships and connections – and it will serve you well in any field, in academia or in private and public industry.”

Looking ahead, there are many exciting challenges that need to be tackled. “I had an inclination when I did my PhD, but I realize way more now the importance of integration of the health system. My PhD is very acute care-focused, and right now I’m focusing my time and energy on how to bridge acute-care with long-term care, with public health, with primary care... We need to be bringing these sectors together way better than we are [now].” Looking at her many talented students and sensing their energies, Dr. Sibbald remains optimistic, “I love working with students. I love the energy and excitement of new ideas and being able to have the freedom to explore those new ideas.” It remains one of the most satisfying sides of being a professor. Of course, there is a caveat, “This job is more like a lifestyle than a job. It’s not a nine-to-five. Research is always on, especially during grant season.”

To Learn more on Dr. Sibbald’s lab and research, please visit her website at:

http://www.uwo.ca/fhs/shs/people/faculty/sibbald_s.html